

# Refugees and Migrants' Access to Resources, Housing and Healthcare

## Key Challenges and Coping Mechanisms - Misrata, Libya

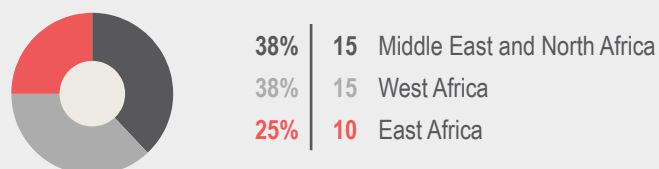
December 2017



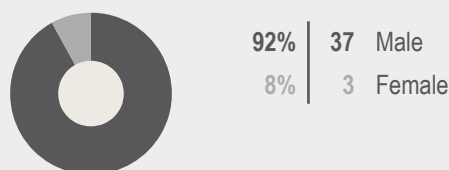
### CONTEXT

Refugees and migrants in Libya are estimated to be around 700,000 to one million,<sup>1</sup> and are among the most vulnerable groups in the context of the ongoing humanitarian crisis.<sup>2</sup> Many are held in detention centres with a number of studies pointing to their inadequate living conditions.<sup>3</sup> On the other hand, very limited information is available on the protection needs and coping strategies of refugees and migrants living outside detention facilities in Libya. In response to this information gap, REACH, in partnership with the Start Network and International Medical Corps,<sup>4</sup> has conducted an assessment in three locations in Libya: Tripoli, Misrata and Sebha to shed light on refugees and migrants' (i) access to economic resources, (ii) housing and healthcare, and (iii) future migratory intentions. This assessment was funded by the Migration Emergency Response Fund – managed by the Start Network – through its mechanism for collective information collection and analysis grants.

#### Refugee and migrant respondents by region of origin:

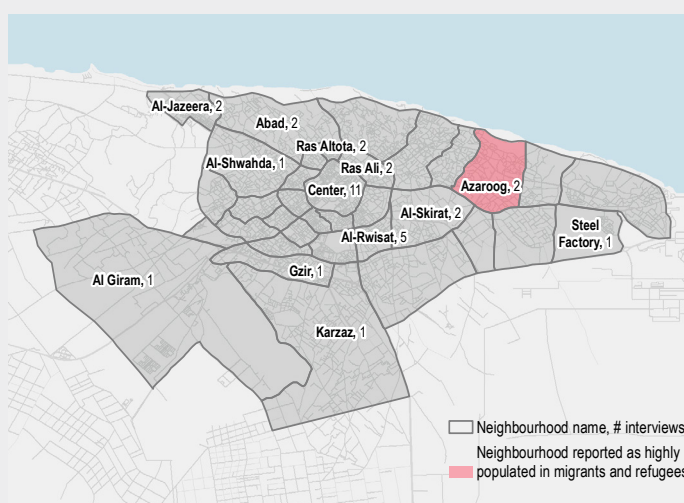


#### Refugee and migrant respondents by gender:



### METHODOLOGY

This factsheet presents findings based on primary data collected in Misrata (baladiya) between 30 October and 26 November 2017 through: (i) 20 semi-structured key informant interviews with local experts on migration and service provision, and (ii) 40 semi-structured individual interviews with refugees and migrants. Respondents were sampled purposively on the basis of (i) their region of origin and (ii) time of arrival in Libya. As the research methods used are qualitative, findings are indicative only and cannot be generalised to the whole population of refugees and migrants living in Misrata.

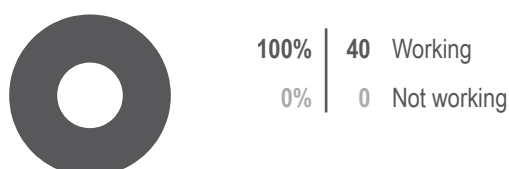


### ACCESS TO ECONOMIC RESOURCES

#### Most reported drivers of the decision to come to Misrata:

1. Greater availability of employment opportunities
2. Presence of a support network of family or friends
3. Safer than other Libyan cities

#### Number and proportion of interviewed refugees and migrants accessing employment opportunities:



2/40 respondents reported having savings.

4/40 respondents engaged in circular migration.

#### Interviewed refugees and migrants' types of employment:



#### Most reported refugees and migrants' jobs:<sup>5</sup>

1. Construction workers: 15
2. Restaurant workers: 6
3. Farmers: 6
4. Metal workers: 5
5. Porters: 4

#### Most reported sources of information to access employment:

1. Networks of families and friends
2. Roundabouts to seek daily employment

## Most reported challenges in accessing economic resources:<sup>5</sup>

1. Poor salary 11
2. Scarcity of employment opportunities 10
3. Devaluation of the Libyan Dinar 7
4. Elevated prices to access services and commodities 6
5. Not receiving their salary regularly 4

## Most reported types of expenditures:<sup>5</sup>

1. Remittances 17
2. Food 17
3. Housing 5

## Most reported coping strategies to a lack of economic resources:<sup>5</sup>

1. Consuming less favourable food 24
2. Reducing the number of meals / day 9
3. Borrowing money or food from friends 8

## → PRIORITY NEEDS

### Most reported priority needs:<sup>5</sup>

1. Access to cash 33
2. Access to food 30
3. Access to decent housing 11
4. Access to NFIs / Access to psychosocial support 10

## 🏠 ACCESS TO HOUSING

### Most reported types of housing:



### Most reported barriers to accessing housing:

1. Elevated rent prices
2. Security
3. Distance to the workplace

## Most reported coping strategies to challenges in accessing decent housing:

1. Changing neighbourhood to find cheaper accommodation
2. Living in shared rooms
3. Looking for an employment providing accommodation



## ACCESS TO HEALTHCARE

**13/40** respondents reported having medical needs.

### Number of respondents who accessed medical facilities since arrival in Libya, by type of facility:

1. Private clinics 5
2. Public hospitals 3

### Most reported barriers to accessing healthcare:<sup>5</sup>

1. Refugees & migrants not being accepted 8
2. Not able to afford healthcare costs 7
3. Lack of medical supplies & medical staff 3
4. Medical facilities too distant 3

### Most reported coping strategies to accessing healthcare:<sup>5</sup>

1. Accessing alternative medicine 20
2. Resorting to self-treatment & pharmacies 16
3. Resorting to medical facilities only in case of emergency 8

## ➡️ MIGRATORY INTENTIONS

### Main migratory intentions of interviewed refugees and migrants:

1. Stay in Libya to return home in the future 19
2. Stay in Libya indefinitely 6
3. Go to Europe 2

### Main drivers for moving to Europe, of those reportedly intending to go:

1. Greater availability of job opportunities
2. More welcoming policies towards refugees and migrants
3. Deterioration of the economic and security conditions in Libya

<sup>1</sup> IOM DTM Libya Round 14 Migrant Report (September — October 2017).

<sup>2</sup> OCHA, 2018 Libya Humanitarian Overview (forthcoming).

<sup>3</sup> See for example IMPACT/ALTAI/UNHCR (2017), Mixed Migration Trends in Libya: Changing

Dynamics and Protection Challenges.

<sup>4</sup> International Medical Corps facilitated fieldwork activities.

<sup>5</sup> Multiple options could be chosen.